

FIREARMS DEALER PERMIT

SAN DIEGO POLICE DEPARTMENT - POLICE PERMITS/LICENSING
1400 'E' STREET- M.S. 735, SAN DIEGO, CA. 92101
(619) 531-2250

In order to apply for the local regulatory permit for retail sales of firearms please submit the following items:

- ☐ Completed Firearm Dealer Application, and APPLICATION-BUS ADDENDUM, and Employee Supplemental, and Employee Supplemental 2
- ☐ Investigative Fee - Cash, check, cashier's check or money order for a non-refundable Investigative Fee of \$104.00 per new employee must be submitted along with the application. (Please make check, cashier's check or money order payable to CITY TREASURER.)
- ☐ Regulatory Fee - Check, cashier's check or money order for an annual Regulatory Fee of \$660.00 must be submitted along with your application. This fee will be deposited upon approval. (Please make check, cashier's check or money order payable to CITY TREASURER.)

Each new employee who handles, delivers, sells, shows or displays firearms is required to submit Live Scan fingerprints. Secondhand Dealers/Pawnbrokers only - require two separate live scans, one set is for the Department of Justice for the State issued Second Hand Dealer License and the other set is for the San Diego Police Department Firearms Permit.

Effective July 1, 2005, each *new employee* shall also provide the San Diego Police Department with a non-refundable Investigative Fee of \$104.00.

Live Scan Fingerprints are required for all new employees. Fill out the attached "Request for Live Scan Service" form(s) and bring with you to a Live Scan agency. One form is for the Department of Justice and one form is for San Diego Police Department. You will then need to forward a copy of the Request form(s) to SDPD along with your new application. See Attached List of locations. Note: Completed Live Scan forms must be submitted with the application within thirty days from the date the prints were taken. If the applicant resides outside of the San Diego area go to the Attorney General's website to locate approved Governmental Agency locations for Live Scan services.

www.ag.ca.gov/fingerprints/publications/contact.htm

- ☐ Copy of valid Business Tax Certificate (619) 615-1500.
- ☐ Copy of valid State Certificate of Eligibility (916) 227-2334.
- ☐ Copy of valid Sellers Permit (619) 525-4526.
- ☐ Copy of valid Federal Firearms License (619) 446-0740.
- ☐ Copy of Zoning Use Certificate (Retail Sales) (619) 446-5000 / (619) 446-5460 (Zoning Use).
- ☐ Copies of any special permits issued by the Department of Justice (916) 227-3694.
- ☐ Copy of valid State Secondhand Dealers/Pawnbroker License. A secondhand/pawnbroker dealers license is required if you buy, sell, trade, or consign any secondhand guns (an additional Live Scan is required for Secondhand Dealers/Pawnbrokers) (619) 531-2437.
- ☐ Copy of current Articles of Incorporation and Amendments.
- ☐ Copy of current Registered Fictitious Business Name-Recorder/County Clerk (619) 237-0502.
- ☐ Copy of your current lease/rental agreement from your landlord or property title.

CENTRALIZED LIST REMINDER:

Upon approval you are required to make an application to be recorded on the California Department of Justice Centralized List (CFD number). Please contact DOJ for application. (916) 227-2328

- No OUT OF STATE CHECKS will be accepted.
- A criminal record check will be made on each employee.
- There is a 30-day investigation period that starts at the time your application is submitted.



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
Telephone No.: (619) 531-2250



APPLICATION

TYPE OF PERMIT: _____

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Date of Birth: _____ Driver's License/ID #: _____ State: _____

Applicant's Full Name: _____
Last First Middle

Other Names Used: (Maiden, Alias, Etc.) _____ Stage Name: _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Res. Ph. () _____ Bus. Ph. () _____ Cell Ph. () _____ Fax () _____

Internet Web Site Address/Auction Site User Name: _____

Soc. Sec. #: _____ Place of Birth: _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____ Sex: _____

Business Where Applicant Expects to be Employed:

Business Name: _____ D.B.A.: _____

Business Address: _____ City, State, Zip: _____

1. List previous residence addresses for the last five (5) years:

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

FOR OFFICE USE ONLY

App. Date: _____ Permit Number: _____ Received by: _____ ☐ Live Scan Rec: _____

Records Check: _____
Initials/ID #

☐ RI01 ok or _____

Approving PCCO: _____ Date: _____

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. **IF NONE, INITIAL HERE:** _____

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.				
2.				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes () No ()

If yes, please complete below:

	CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.			
2.			
3.			

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

IF NONE, INITIAL HERE: _____

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

APPLICANTS: The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.



Police Permit Application
BUSINESS ADDENDUM

SAN DIEGO POLICE DEPARTMENT

1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101

PLEASE COMPLETE ALL SECTIONS IF APPLICABLE
(TYPE OR PRINT LEGIBLY)



TYPE OF PERMIT: _____ LOCATION: _____

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC

Business Name: _____ D.B.A. _____

Business Address: _____ City & Zip: _____

Mailing Address: _____ City & Zip: _____

Business Tax Certificate # _____

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		
4		

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

NAME	RESIDENCE ADDRESS	TITLE
		PRESIDENT
		VICE PRESIDENT
		SECRETARY
		TREASURER

FOR OFFICE USE ONLY

DATE FILED:			
RECEIVED BY:			
DEVELOPMENT SERVICES - ZONING		FIRE & LIFE SAFETY DEPARTMENT	
APPROVED BY:		APPROVED BY:	
DATE:	PHONE:	DATE:	PHONE:
APPROVING OFFICER:		DATE:	

IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

NAME	RESIDENCE ADDRESS	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

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It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fees. If a renewal is not complete with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant. (Section 33.0308 of the San Diego Municipal Code)

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

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APPLICANT'S SIGNATURE

DATE OF APPLICATION

RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN

TITLE/POSITION

FIREARMS DEALER LICENSE APPLICATION

BUSINESS NAME: _____

New ☐
Renewal ☐

DATE _____

APPLICANT'S BUSINESS IS:

☐ INDIVIDUALLY OWNED ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER (Specify) _____

BUSINESS ADDRESS _____

MAILING ADDRESS (If different) _____

CITY _____

STATE _____

ZIP _____

BUSINESS PHONE _____

HOME PHONE _____

HOURS OF OPERATION

SUN

MON

TUE

WED

THUR

FRI

SAT

TIME

OPEN

CLOSED

EACH OWNER, CORPORATE OFFICER OR PARTNER IS DEEMED AN APPLICANT AND EACH MUST PROVIDE THE FOLLOWING INFORMATION. AN APPLICANT WHO IS A CORPORATION OR PARTNERSHIP SHALL DESIGNATE ONE OF ITS OFFICERS OR GENERAL PARTNERS TO ACT AS ITS RESPONSIBLE MANAGING OFFICER. THE RESPONSIBLE MANAGING OFFICER MAY COMPLETE AND SIGN ALL APPLICATIONS ON BEHALF OF THE CORPORATE OFFICERS OR PARTNERS. OWNER ☐ CO-OWNER ☐ TITLE _____

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME (LAST)	(FIRST)	(MIDDLE)	HOME ADDRESS	CITY	ZIP	HOME PHONE	D.O.B.
NAME (LAST)	(FIRST)	(MIDDLE)	HOME ADDRESS	CITY	ZIP	HOME PHONE	D.O.B.
NAME (LAST)	(FIRST)	(MIDDLE)	HOME ADDRESS	CITY	ZIP	HOME PHONE	D.O.B.

APPLICANT'S FULL NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH

RESIDENCE ADDRESS CITY & ZIP

RESIDENCE PHONE BUSINESS PHONE SOCIAL SECURITY NUMBER

MARITAL STATUS ALIAS/MAIDEN NAME SPOUSE'S NAME

DRIVER'S LICENSE NUMBER STATE RACE SEX WEIGHT HEIGHT HAIR EYES

US. CITIZEN? NATURALIZED? IMMIGRATION/VISA # DATE EXPIRED

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, Initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

THIS FORM IS FOR INTERNAL USE ONLY.

PRIVATE AND CONFIDENTIAL

FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL

☐ EMPLOYEE
SUPPLEMENTAL

DATE

BUSINESS INFORMATION

NAME OF BUSINESS

LEGAL NAME (IF DIFFERENT)

BUSINESS ADDRESS

COMPANY EMPLOYEES

NAME (LAST)	(FIRST)	(MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER	HAIR	EYES
			STATE		
HOME PHONE			DATE OF BIRTH MO DY YR	U.S. CITIZEN	YES NO
OTHER NAMES USED (All & Maiden):				VISA #	EXPIRATION
				BIRTHPLACE	

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

NAME (LAST)	(FIRST)	(MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER	HAIR	EYES
			STATE		
HOME PHONE			DATE OF BIRTH MO DY YR	U.S. CITIZEN	YES NO
OTHER NAMES USED (All & Maiden):				VISA #	EXPIRATION
				BIRTHPLACE	

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			STATE		
HOME PHONE			DATE OF BIRTH MO DY YR	U.S. CITIZEN	YES NO
OTHER NAMES USED (All & Maiden):				VISA #	EXPIRATION
				BIRTHPLACE	

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If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

Fingerprint records on all new employees?

YES ☐ NO ☐

Current list of employees submitted?

YES ☐ NO ☐

FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL

☐ EMPLOYEE
SUPPLEMENTAL

DATE

COMPANY EMPLOYEES

NAME (LAST)	(FIRST)	(MIDDLE)	SSN	HEIGHT	WEIGHT
RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER	HAIR	EYES
			STATE		
HOME PHONE			DATE OF BIRTH MO DY YR	U.S. CITIZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER NAMES USED (Alias-Maiden):				VISA #	EXPIRATION
				BIRTHPLACE	

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If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

NAME (LAST)	(FIRST)	(MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER	HAIR	EYES
			STATE		
HOME PHONE			DATE OF BIRTH MO DY YR	U.S. CITIZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER NAMES USED (Alias-Maiden):				VISA #	EXPIRATION
				BIRTHPLACE	

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CHARGE	DATE CONVICTED	LOCATION OF COURT

NAME (LAST)	(FIRST)	(MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER	HAIR	EYES
			STATE		
HOME PHONE			DATE OF BIRTH MO DY YR	U.S. CITIZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER NAMES USED (Alias-Maiden):				VISA #	EXPIRATION
				BIRTHPLACE	

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RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER	HAIR	EYES
			STATE		
HOME PHONE			DATE OF BIRTH MO DY YR	U.S. CITIZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

Fingerprint records on all new employees?

YES ☐

NO ☐

Current list of employees submitted?

YES ☐

NO ☐

SUPPLEMENTAL CONT'D

COMPANY EMPLOYEES

NAME (LAST)	(FIRST)	(MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER STATE	HAIR	EYES
HOME PHONE			DATE OF BIRTH MO DY YR	U.S. CITIZEN	YES NO
OTHER NAMES USED (Alias-Maiden):			BIRTHPLACE:	VISA #	EXPIRATION

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If none, initial here: _____

CHARGE	DATE CONVICTED	LOCATION OF COURT

NAME (LAST)	(FIRST)	(MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS			DRIVERS LICENSE NUMBER STATE	HAIR	EYES
HOME PHONE			DATE OF BIRTH MO DY YR	U.S. CITIZEN	YES NO
OTHER NAMES USED (Alias-Maiden):			BIRTHPLACE:	VISA #	EXPIRATION

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I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION AND THAT I AM SUBJECT TO PROSECUTION PER 11.040(B) OF THE SAN DIEGO MUNICIPAL CODE. I AM AWARE THAT ALL FEES ARE NON-REFUNDABLE.

IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO RENEW THE PERMIT NO LATER THAN 10 DAYS AFTER THE EXPIRATION DATE. FAILURE TO RENEW ON TIME WILL RESULT IN PENALTY FEES (\$25 PLUS 10% OF THE REGULATORY FEE). IF A RENEWAL IS NOT COMPLETED WITH ALL FEES AND PENALTIES PAID WITHIN 30 DAYS AFTER THE PERMIT EXPIRATION DATE, THE PERMIT EXPIRES AND ACTIVITIES ALLOWED BY THE PERMIT MUST CEASE. A PERMITEE MUST THEN BEGIN THE APPLICATION PROCESS AS A NEW APPLICANT (SDMC 33.0308).

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APPROVED	DENIED
Applicant's Signature	Reviewing Officer
Date	Date

Fingerprint on all new employees?
Current list of employees submitted?

Yes ☐ No ☐
Yes ☐ No ☐

APPLICATION CONT'D

COMPANY EMPLOYEES

NAME (LAST) (FIRST) (MIDDLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS	DRIVERS LICENSE NUMBER STATE	HAIR	EYES
HOME PHONE	DATE OF BIRTH MO DY YR	U.S. CITIZEN	YES NO
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APPROVED

Applicant's Signature	Date	DENIED	Reviewing Officer	Date
-----------------------	------	--------	-------------------	------

Fingerprint records on all new employees?
Current list of employees submitted?

Yes [] No []
Yes [] No []

Live Scan Fingerprint Information

Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

The following are acceptable US Governmental Agencies located in San Diego County:

CHULA VISTA

Chula Vista Police Department
315 Fourth Street
Chula Vista, CA 92010
(619) 409-5954
M - F (8am-12pm) Appointments Only
M - F (1pm-4pm) Appointments Only
www.chulavistapd.org

LA JOLLA

UCSD Police Department
9500 Gilman Dr #0017
La Jolla, CA 92093
(858) 534-4361 Appointments Only
M - F 9am-3pm

SAN DIEGO

San Diego City Schools Police Services/EOC Bldg
4100 Normal St
San Diego, CA 92103-2682
(619) 725-7015 Appointments
(619) 725-7014 (Information)
T - F (8:30am-1pm) Walk In
T - F (2pm-4pm) Appointments Only
Not open to general public on Monday's
Closed School Holidays

SAN DIEGO - LSID X54/MLI

San Diego Community College Police
1536 Frazee Road, 1st Floor
San Diego, CA 92108
Contact: (619) 388-6416
M-Th (7:30am-5pm) Walk
F (7:30am-12 noon) Walk
E-mail address: dpicou@sdcc.edu

ESCONDIDO

Escondido Police Department
700 W Grand Ave
Escondido, CA 92025
Contact: (760) 839-4431
M - F (9:00am-3:30pm) Appointments
Only

LA MESA

La Mesa Police Department (Storefront)
6119 Lake Murray Blvd
La Mesa, CA 91942
(619) 667-1342
M, T, W (10am-4pm) Appointments/Walk
In
Th, F (9am-3pm) Appointments/Walk In

SAN DIEGO

San Diego State University
5500 Campanile Dr
SSE-1410
San Diego, CA 92182
(619) 594-3193
M - F (8am-4pm) Appointments Only

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: <u>CA 0371100</u>		Type of Application: <u>Gun Dealer</u>	
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit: <u>Firearm Dealer</u>			
Agency Address Set Contributing Agency:			
<u>San Diego Police Department</u>		<u>08228</u>	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
<u>P. O. Box 121431 MS 735</u>		<u>PCCO for Firearm Industry</u>	
Street No. Street or PO Box		Contact Name (Mandatory for all school submissions)	
<u>San Diego</u>	<u>CA</u>	<u>92112-1431</u>	<u>(619) 531-2250</u>
City	State	Zip Code	Contact Telephone No.
Name of Applicant: (Please print) Last First MI			
Alias: Last First		Driver's License No:	
Date of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Misc. No. BIL - <u>Applicant to Pay</u>	
		Agency Billing Number	
Height: Weight:		Misc. Number:	
Eye Color: Hair Color:		Home Address:	
		Street No. Street or PO Box	
Place of Birth:		City, State and Zip Code	
Social Security Number:			
Your Number: OCA No. (Agency Identifying No.)		Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission, list Original ATI Number:			
Employer: (Additional response for agencies specified by statute)			
<u>Not Applicable</u>			
Employer Name			
Street No. Street or PO Box		Mail Code (five digit code assigned by DOJ)	
City State Zip Code		() Agency Telephone No. (optional)	
Live Scan Transaction Completed By: Name of Operator Date			
Transmitting Agency		ATJ No. Amount Collected/Billed	